



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address:

ALLIED MEDICAL CENTERS
P.O. BOX 24809
HOUSTON, TX 77029

MFDR Tracking #: M4-10-4779-01

DWC Case #

Injured Employee

Respondent Name and Box #:

TEXAS MUTUAL INSURANCE CO
Box #: 54

Date of Injury

Employer Name

Insurance Carrier

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "timely filing requirements met" and "On 1/12/10 and 5/11/10... related to the services rendered on 12/17/09. Attached are copies of the original submission along with the fax confirmation that the carrier received these submissions. Clearly the filing time limit was met."

Principal Documentation:

1. DWC 60 Package
2. Total Amount Sought – \$106.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The documentation the requestor submitted to substantiate the receipt by Texas Mutual is insufficient to separately confirm timely receipt of the bill."

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
12/17/2009	99213 (99213-25 on CMS-1500)	99123 participating amt \$61.84 * DWC CF 53.68/Medicare CF 36.066 = MAR	\$106.00	\$92.04
			Total Due:	\$92.04

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Tex. Lab. Code, §408.027(a), titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2007, sets out the requirement for timely submission of a medical bill.
2. Division rule at 28 Tex. Admin. Code §133.20(b), titled *Medical Bill Submission by Health Care Provider*, effective January 29, 2009, sets out the procedure for timely submission of a medical bill."
3. Division rule at 28 Tex. Admin. Code § 102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005 sets out the guidelines for non-division communication such as those between the provider of health care services and the workers' compensation insurance carrier.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 04/20/10 shows:

- CAC-29 THE TIME LIMIT FOR FILING HAS EXPIRED.
- 731 PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE, FOR SERVICES ON OR AFTER 9/1/05

Issues

1. Did the Requestor submit documentation to support the disputed bills were submitted timely in accordance with Tex. Lab. Code, §408.027, Division rule at 28 Tex. Admin. Code §133.20(b) and Division rule at 28 Tex. Admin. Code §102.4(h).
2. Is the Requestor entitled to additional reimbursement?

Findings

1. The Requestor provides a fax cover sheet for 3 pages from 01/12/2009 as documentation of its submission and receipt by carrier.
2. Pursuant to Tex. Lab. Code, §408.027(a), titled PAYMENT OF HEALTH CARE PROVIDER, effective September 1, 2007, states that "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." Additionally, Division rule at 28 Tex. Admin. Code §133.20(b), titled Medical Bill Submission by Health Care Provider, effective January 29, 2009, states "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."
3. Division rule at 28 TAC § 102.4(h), titled General Rules for Non-Commission Communication, effective May 1, 2005 states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
(1) the date received, if sent by fax, personal delivery or electronic transmission or,
(2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
4. Review of the documentation provided finds that the Requestor provides sufficient support that the medical bill for service date 12/17/2009 was sent, as defined by 28 Tex. Admin. Code §102.4(h), not later than 95-days after the date of service. The fax cover sheet meets the requirements per 28 Tex. Admin. Code §102.4(h). The division finds that that this billing is entitled to review per 28 Tex. Admin. Code §134.203.
5. The Requestor billed CPT code 99213-25 which is reimbursable at \$92.04 per 28 Tex. Admin. Code §134.203.
6. Per review of Box 32 on CMS-1500, place of service zip code 77081 is located in Harris County. The maximum allowable reimbursement (MAR) amount, under Rule 134.203(c)(1), is determined by locality.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$92.04.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$92.04 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Gregory S. Fournier
Medical Fee Dispute Resolution Officer

09/16/2010
Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

